

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001660

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1002 Registrar's No. 512

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Frank Paul Laurencz

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 50 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2425 College		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ULYSSES C. JOHNSON		4. DATE OF DEATH January 25, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/3/1869
9. AGE (last birthday) 94		10. BIRTHPLACE (City and state or country) Waukegan, Iowa	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman R.		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Not known	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. [REDACTED]	
16. INFORMANT Address 2925 Norton		17. NAME OF HUSBAND OR WIFE Essie Maude Johnson	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) CORONARY Occlusion Chronic Myocarditis Arteriosclerosis DUE TO (b) 1 day 5 years 12 years DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1-11-63 to 1-25-63 and last saw her alive on 1-25-63 Death occurred at 6:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Frank Paul Laurencz (degree or title)	22b. ADDRESS 428 S. White Ave		22c. DATE SIGNED 1-25-63
23a. REMOVAL (Specify) Removal	23b. DATE 1/25/63	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Kansas		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS Daniels Bros., Kan. City, Kansas		25. DATE RECD. BY LOCAL REG. 1-26-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th + Minnesota
R. S. 15

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.